

4053

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Greenlee ARIZONA STATE BOARD OF HEALTH
 District of Pine BUREAU OF VITAL STATISTICS State Index No. 228
 Town of Franklin ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 124
 or
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Ruth Christensen } Born } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and <u>1</u>	Number in order of birth <u>X</u>	Legitimate? <u>Y</u>	Date of Birth <u>Aug 10</u> 19 <u>22</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Marius Christensen</u>			Full Maiden Name <u>Ozona Stenson</u>		
Residence <u>Franklin Ariz</u>			Residence <u>Franklin Ariz</u>		
Color or Race <u>White</u>		Age at last Birthday <u>43</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>29</u> (Years)
Birthplace <u>Denmark</u>			Birthplace <u>Kentucky</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1st</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 10th 1922, at 6 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. Bailey
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report 191.....

Address

Filed 9/7 1922

A True Copy
 Filed SEP 15 1922

935-810-625
 COUNTY REGISTRAR.

LOCAL REGISTRAR.
 COUNTY REGISTRAR.

cian or midwife with each local Registrar within 5 days after birth.